Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. FRN #	Bille	ed Entity A	pplicant #: 13	1976				Applicant's Form Identifier: DMPS4710101								
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. FRN #	Con	lact Person	Greg Da	vis				Phone Number: 515-242-7773								
Total Charges Power Powe	BLC	OCK 5: Di	scount Fundin	g Requ	est(s)				Pa	ge 10 of 319	****					
Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Is Contract Number (if available; use "T" if farified service; "MTM" if month-to-month services as a described in instructions)	Instr numl	uctions: Use per the comp	e one Block 5 pag oleted pages to as	ge for EA sure that	CH serve they are	vice (Funding all processed	Request Numb correctly.	per) for which	you are reque	esting discounts. M	ake as many copi	es of this page	ns necessary, and			
O Telecommunications Services O Internet Access Internal Connections Till file in the content of the service is sinterpoint of the service is shared by all entities Receiving this service: Total Charges T	FRI							assigned by	y administ	rator)						
Form 470 Application Number: Total Option Total Program year Total Charges Total Cha	11							onnections	15	"T" if tariffed service month-to-month servi	, "MTM" if ices as	RFP#	00-48A			
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Identification Number: 143005447				<u> </u>					17	Allowable Vendor S Contract Date: (mm	election/ v/dd/yyyy)	12/12	2/2000			
Service Provider Name Pomeroy Computer Resources, Inc. 20 Contract Expiration Date (mm/dd/yyyy) N/A	13						143005447			(mm/dd/yyyy)		01/12/2001				
Description of this Service: You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH010																
Description of this Service: You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH010	14	Service Pr	ovider Name			Domonou Cou	mputon Decou	wasa Inc								
relevant brand names. Label this description with an Attachment #, and note number in space provided below. 22 Entity/Entities Receiving this Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity 58983 Number of the entity from Block 4 receiving this service.		501.10011		_		rumeruy Co	mpater Kesot	arces, inc.	20		DALE	00/30	7/2002			
Number of the entity from Block 4 receiving this service.	21	Descriptio	n of this Service:									Attachment #	USFATCH0101			
Calculations Recurring Charges Non-Recurring Charges Total Charges	22		tities Receiving thi	is	N	amber of the ent	ity from Block	4 receiving this	service.							
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		0	0		0	0	0	10,000	0	10,000	10,000	60%	\$6,000			

D:11												
Bille	d Entity Ap	oplicant #: 13	1976				Applicant's F	form Identi	fier: DMI	PS4710101		
Cont	act Person:	Greg Dav	vis				Phone Numb	er: 515-	242-7773			
BLO	CK 5: Di	scount Funding	g Requ	est(s)				Pa	ge 11 of 319			
Instru numb	er the comp	one Block 5 pag leted pages to as	ge for EA sure that	CH serv they are	ice (Funding l all processed	Request Numb correctly.	er) for which y	ou are reque	esting discounts. Ma	ake as many copie	es of this page a	is necessary, and
FRN	1 #		rator)									
11		of Service (only (mmunications Se				ed) ● Internal Co	onnections		Contract Number (if "T" if tariffed service, month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48A
12	Form 470	Application Nu	mber:		7043	340000296620		16	Billing Account Nu (e.g. billed telephon	umber: ne number)	N	/A
	<u> </u>								Allowable Vendor Se Contract Date: (mm		12/12	2/2000
13		vice Provider ion Number:				143005447		18	Contract Award Dat (mm/dd/yyyy)	te	01/12	2/2001
					•	. 10000		19a	Service State Date (r	nm/dd/yyyy)	07/01	
								19b	Service End Date (m			/A.
14		ovider Name			<u>_</u>	mputer Resou			Contract Expiration (mm/dd/yyyy)		06/30	/2002
21	Description	n of this Service:							of components and con nd note number in spa		Attachment #	USFATCH0101
22	Entity/Ent Service:	ities Receiving thi	is	Nu	mber of the ent	ity from Block	4 receiving this s	service.	by others), list the En			
					he service is sh g. A-1)	ared by all entit	ies on a Block 4	worksheet, lis	t the worksheet number	er:		
23	Calculation	ns										
		Recu	rring C	harges			Non	-Recurring	Charges		Total Charge	S
	A	В	(C	D	E	F	G	Н	I	J	K
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	pre-di am (A mi	monthly scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much o the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
	0	0	} '	0	0	0	10,000	0	10,000	10,000	90%	\$9,000

Billed Entity Applicant #: 131976	Applicant's Form	Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 12 of	319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRI	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A		on of components and costs, plus any	low. Attachment # USFATCH0101
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		red by others), list the Entity 589	53
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges				
A	В	C	D	E	F	G	Н	I	J	K		
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ anount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (Ex J)		
0	0	0	0	0	10,000	0	10,000	10,000	80%	\$8,000		

Bille	d Entity A	pplicant #: 13	1976				Applicant's F	orm Identi	fier: DMI	PS4710101		
Cont	act Person:	Greg Da	vis				Phone Numb	er: 515-	242-7773			
BLO	CK 5: Di	scount Fundin	g Requ	est(s)				Pag	ge 13 of 319			
Instru numb	er the comp	one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numb	er) for which y	ou are reque	esting discounts. M	ake as many copie	es of this page a	as necessary, and
FRN	#					(to be	assigned by	administ	rator)			
11		of Service (only only only only only only only only		_ •	ould be checkenet Access			15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ices as	RFP#	00-48A
12	Form 470	Application Nu	mber:		7043	340000296620		16	Billing Account No (e.g. billed telephor	umber: ne number)	N	/A
			1						Allowable Vendor S Contract Date: (mm		12/12	2/2000
13		vice Provider ion Number:				143005447			Contract Award Date (mm/dd/yyyy)	te	<u> </u>	2/2001
									Service State Date (1			/2001
14	C				···				Service End Date (m			/A
14		ovider Name	i _		Pomeroy Co	mputer Resou	rces, Inc.		Contract Expiration (mm/dd/yyyy)	Date	06/30	0/2002
21	Description	n of this Service:		You Mil relevant	JST attach a de brand names.	scription of the Label this descri	service, includin ption with an At	g breakdown tachment #, a	of components and cond note number in spa	sts, plus any ce provided below.	Attachment #	# USFATCH0101
22	Entity/Ent Service:	ities Receiving th	is	Nu	mber of the ent	ity from Block	4 receiving this s	ervice.	by others), list the En			
					the service is sh g. A-1)	ared by all entit	ies on a Block 4	worksheet, lis	t the worksheet numb	er:		
23	Calculatio	ns										
		Recu	rring C	harges			Non	-Recurring	Charges		Total Charge	s
	A	В	(D	E	F	G	Н	I	J	К
(total	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	amo (A mi	monthly scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D) 0	Annual non- recurring (one time) \$ charges	How much o the \$ amount in (F) is ineligible?		Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J) \$8,000
	٠ }	U	,	J	V	U	10,000	v	10,000	10,000	0U70	\$6,UUU

BLOCK 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page at	
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page a	
number the completed pages to assure that they are all processed correctly.	as necessary, and

FRI	(#	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
1			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.			elow. Attachment # <u>USFATCH0101</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	service		989
22		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	10,000	0	10,000	10,000	60%	\$6,000	

Calculations

Bille	d Entity A	oplicant #: 13	1976			Т	Applicant's H	form Identi	fier: DMI	PS4710101							
	act Person			 -			Phone Numb		242-7773								
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		scount Fundin							ge 15 of 319								
Instru numb	er the comp	one Block 5 pag leted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numb correctly.	per) for which y	ou are reque	esting discounts. Ma	ake as many copie	es of this page a	is necessary, and					
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11	Category	of Service (only (ONE cate	gory sho	ould be check			15	Contract Number (if			11.00					
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14	Service Pr	ovider Name			Pomeroy Co	mputer Resou	rces, Inc.	20	Contract Expiration (mm/dd/yyyy)	Date	06/30	/2002					
21	Descriptio	n of this Service:						g breakdown	of components and cond note number in spa		Attachment #	USFATCH0101					
22	Entity/Ent Service:	ities Receiving thi	is				vided to one site a		l by others), list the En	tity 58967							
			ţ						st the worksheet numb	er:							
23	Calculatio			(e.g	g. A-1)												
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		Recu	rring Cl	arges			Non	-Recurring	Charges		Total Charge	5					
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		pplicant #: 13					Applicant's I	form Identifi	er: DMI	PS4710101						
Con	act Person:	Greg Da	vis				Phone Numb	er: 515-2	42-7773							
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)		,,,,,,,		Page	e 16 of 319							
Instru	actions: Use per the comp	one Block 5 pag eleted pages to as	ge for EA sure that	CH serv	rice (Funding all processed	Request Numb	er) for which y	you are reques	sting discounts. Ma	ake as many copi	es of this page	as necessary, and				
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11		of Service (only on mmunications Se					<u> </u>	15 C	Contract Number (if T" if tariffed service nonth-to-month servi lescribed in instruction	, "MTM" if ces as	RFP #	00-48A				
12	Form 470	Application Nu	ımber:		7043	340000296620		16 I	Billing Account No e.g. billed telephor	ımber: ne number)	N	//A				
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13		rvice Provider ion Number:				143005447		1 1	Contract Award Dat mm/dd/yyyy)	e	01/12	2/2001				
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14	Service Pro	ovider Name			Damaray Car	mputer Resou	mano Ina		Service End Date (m Contract Expiration			/A)/2002				
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21	Description	n of this Service:							f components and co d note number in spa		Attachment	USFATCH0101				
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					the service is sh g. A-I)	ared by all entit	ies on a Block 4	worksheet, list	the worksheet numb	er:						
23	Calculation	ns														
		Recu	rring C	harges			Non	-Recurring (Charges		Total Charge	s				
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Bille	ed Entity A	pplicant #: 13	1976				Applicant's Form Identifier: DMPS4710101								
Cont	act Person	Greg Da	vis				Phone Number: 515-242-7773								
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)			·		Page	e 17 of 319					
Instri numl	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	ge for EA sure that	CH serv they are	ice (Funding label) all processed	Request Numl correctly.	ber) for which y	ou are re	ques	ting discounts. Ma	ike as m	any copie	s of this page a	s necessary, and	
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12	Form 470	Application Nu	mber:		7043	340000296620)	16	B (6	Billing Account Nu e.g. billed telephon	i <mark>mber:</mark> e numbe	er)	N.	'A	
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13		rvice Provider tion Number:	···			143005447		18		Contract Award Dat mm/dd/yyyy)	e		01/12		
								19a		iervice State Date (n		07/01	/2001		
	-	— 						19b		ervice End Date (m		/y)	N.		
14	Service Pr	ovider Name		<u> </u>	Pomeroy Co	mputer Resou	urces, Inc.	20 Contract Expiration Date (mm/dd/yyyy)					06/30	/2002	
21	Descriptio	n of this Service:								f components and cos I note number in space			Attachment #	USFATCH0101	
22	Entity/Ent Service:	ities Receiving th	is	Nu	imber of the ent	tity from Block	4 receiving this s	service.		others), list the Entity	/	58938			
					service is share	ed by all entities	s on a Block 4 Wo	orksheet, II	ist the	e worksheet number:					
23	Calculatio	ns													
		Recu	rring C	harges			Non	-Recurri	ing C	Charges			Total Charges		
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Bille	d Ent A	pplicant #: 13	1976				Applie's I	orm Ident	ifier: DMI	PS4710101				
Con	act Person	: Greg Da	vis				Phone Numb	er: 515-	-242-7773					
BLC	OCK 5: D	iscount Fundin	g Requ	est(s)				Pa	ige 18 of 319					
Instr num	uctions: Us per the com	e one Block 5 pag pleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numb correctly.	per) for which	you are requ	esting discounts. M	ake as many copie	es of this page	as necessary, and		
FRI							assigned by	y adminis	trator)					
11	ļ	of Service (only on mmunications Se				ed) ● Internal Co	onnections	15	Contract Number (in "T" if tariffed service month-to-month service described in instruction	, "MTM" if ices as	RFP #	00-48A		
12	Form 47() Application Nu	mber:		704:	340000296620		16	Billing Account No (e.g. billed telephor	umber: ne number)	N	/A		
_								17	17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12/2000					
13		rvice Provider tion Number:				143005447		18	Contract Award Dar (mm/dd/yyyy)	Date 01/12/2001				
								19a	Service State Date (1		n/dd/yyyy) 07/01/2001			
14	C						·····	19b	Service End Date (m		/dd/yyyy) N/A			
14		ovider Name			Pomeroy Co	mputer Resou	ırces, Inc.	20	Contract Expiration (mm/dd/yyyy)	Date	06/30)/2002		
21	Descriptio	n of this Service:							of components and co and note number in spa		Attachment i	# <u>USFATC110101</u>		
22	Entity/En Service:	tities Receiving th	is	Nι	imber of the en	ity from Block	4 receiving this s	service	d by others), list the Er		<u> </u>			
		···			the service is sh	ared by all entit	ies on a Block 4	worksheet, li	st the worksheet numb	er:				
23	Calculatio	ons												
		Recu	rring C	harges			Non	-Recurring	Charges Charges		Total Charge	s		
	A	В	(2	D	E	F	G	Н	I	J	К		
(tota)	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	amo (A mi	scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amour in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
	0	0	· •	0	0	0	10,000	0	10,000	10,000	80%	\$8,000		

Bille	d Entry A	pplicant #: 131	1976				Applicant's I	orm Id	entifie	r: DMF	PS4710101			
Cont	act Person	Greg Dav	/is	<u>. </u>			Phone Numb	er: 5	515-24	2-7773		<u></u>		
BLC	OCK 5: Di	scount Funding	g Requ	est(s)				 .	Page	19 of 319				
Instru numl	uctions: Use per the comp	e one Block 5 pag oleted pages to ass	ge for EA sure that	CH serv they are	rice (Funding all processed	Request Num correctly.	ber) for which y	you are	requesti	ing discounts. Ma	ake as many copie	s of this page a	as necessary, and	
FRI	V #					(to be	assigned by	y admi	inistra	ator)				
11		of Service (only (mmunications Ser				ed) ● Internal C	onnections	15	"T mo	ontract Number (if if tariffed service, onth-to-month service scribed in instruction	"MTM" if ces as	RFP#	00-48A	
12	Form 470	Application Nu	mber:		7043	34000029662	0	16	Bi					
							17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12/20						/2000	
13	1	rvice Provider tion Number:				143005447	18 Contract Award Date (mm/dd/yyyy) 01/12/200						/2001	
								19		ervice State Date (n			/2001	
14	Carries Dr	ovider Name					19b Service End Date (mm/dd/yyyy) N/A sources, Inc. 20 Contract Expiration Date 06/30/20							
					Pomeroy Cor		the service, including breakdown of components and costs, plus any)/2002 	
21	Descriptio	n of this Service:								components and cos note number in space		Attachment #	USFATCH0101	
22	Entity/Ent Service:	ities Receiving this	S	Nι	imber of the ent	ity from Block	4 receiving this s	service.		y others), list the En				
				1	the service is sh z. A-l)	ared by all enti	ties on a Block 4	workshe	et, list tl	he worksheet numbe	er:			
23	Calculatio	ns		•										
		Recui	rring C	harges			Non	ı-Recur	ring C	harges		Total Charge	5	
	A	В	(2	D	E	F	C	7	H	I	J	K	
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	Amo (A mi	scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	the \$ a in (I inelig	F) is amount for one-time charges (F minus G) S amount worksheet) Request (I x J)				Commitment \$ Request (I x J)	
	0	0	(0	0	0	10,000	(,	10,000	10,000	80%	\$8,000	

Bille	d En. A	oplicant #: 13	1976			App. 's I	Form Identi	fier: DMI	PS4710101						
Cont	act Person:	Greg Day	/is			Phone Numb	er: 515-	242-7773							
BLC	OCK 5: Di	scount Funding	g Request(s)				Pa	ge 20 of 319							
Instru numb	octions: Use oer the comp	one Block 5 pag leted pages to as	ge for EACH s sure that they	rvice (Funding re all processed	Request Numl	ber) for which	you are requ	esting discounts. Ma	ake as many co	pies of this page	as necessary, and				
FRN	N #				(to be	assigned by	y adminis	trator)							
11		of Service (only (mmunications Se		should be check ernet Access	ed) • Internal C	onnections	15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48A				
12	Form 470 Application Number: 704340000296620 16 Billing Account Number: N/A (e.g. billed telephone number) 7 Allowable Vendor Selection/														
	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12/2000														
13	SPIN – Service Provider Identification Number: 18 Contract Award Date (mm/dd/yyyy) 01/12/2001														
	lucinticat	ion Number:			143005447		19a		nm/dd/yyyy)						
19a Service State Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) N/A															
14	Service Pro	ovider Name		Pomeroy Co	mputer Resor	urces, Inc.	20	Contract Expiration (mm/dd/yyyy)	Date	06/3)/2002				
21	Description	n of this Service:	You relev	MUST attach a do ant brand names.	escription of the Label this descr	service, includir	ng breakdown ttachment #, a	of components and co and note number in spa-	sts, plus any ce provided belov	v. Attachment	USFATCH0101				
22	Entity/Ent Service:	ities Receiving thi	-	Number of the en	tity from Block	4 receiving this:	service.	y others), list the Entit							
	Ì			the service is shar e.g. A-1)	red by all entitie	s on a Block 4 w	orksheet, list	the worksheet number:							
23	Calculatio	ns		<u></u>											
		Recu	rring Charge	<u> </u>		Noi	1-Recurring	Charges		Total Charge	s				
	A	В	C	D	E	F	G	Н	I	J	К				
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible month pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amoun in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discoun \$ amount (E & H)	worksheet)	Funding Commitment \$ Request (I x J)				
	0	0	0	0	0	10,000	0	10,000	10,000	50%	\$5,000				

The second secon

	4.5													
Bille	ed Ent., A	pplicant #: 131	1976				Applic . s F	orm Identi	fier: DMI	PS4710101				
Con	tact Person:	Greg Dav	'is	· <u>.</u>			Phone Numb	er: 515-	242-7773					
BLO	OCK 5: Di	scount Funding	g Reque	est(s)				Pa	ge 21 of 319					
Instr num	uctions: Use ber the comp	e one Block 5 pag oleted pages to ass	e for EA	CH serv they are	ice (Funding all processed	Request Numb correctly.	per) for which y	ou are reque	esting discounts. Ma	ake as many cop	es of this page	as necessary, and		
FRI	N #					(to be	assigned by	administ	rator)	* <u></u>				
11		of Service (only C mmunications Ser				ed) ● Internal Co	onnections	15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48A		
12	Form 470	Application Nu	mber:		7043	340000296620		16	Billing Account Nu (e.g. billed telephor	umber:	N	//A		
								17						
13		rvice Provider ion Number:			-	143005447		18	(mm/dd/yyyy) 01/12/2001					
			ĺ							State Date (mm/dd/yyyy) 07/01/2001 Find Date (mm/dd/yyyy) N/A				
14	Coming Du	ovider Name						es, Inc. 20 Contract Expiration Date (mm/dd/yyyy) N/A						
						mputer Resou	cources, Inc. 20 Contract Expiration Date 06/30/2002 (mm/dd/yyyy) the service, including breakdown of components and costs, plus any							
21	Description	n of this Service:							of components and con nd note number in spa-		Attachment	# USFATCH0101		
22	Entity/Ent Service:	ities Receiving this	s	Nι	imber of the ent	ity from Block	4 receiving this s	ervice.	y others), list the Entity	y 58928				
					service is share g. A-1)	d by all entities	on a Block 4 wo	rksheet, list tr	ne worksheet number:					
23	Calculatio	ns												
		Recui	rring Ch	arges		d. 2000 	Non	-Recurring	Charges		Total Charge	s		
	A	В	C	,	D	E	F	G	Н	I	J	К		
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible i pre-dis amo (A mir	scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much o the \$ amoun in (F) is ineligible?	\$ amount pre-discount \$ year pre-discount (from Block 4 Commitment amount for one-time charges (F minus G) year pre-discount (from Block 4 worksheet) \$ amount (From Block 4 worksheet) \$ (E & H) (E & H)					
	0	0	0)	0	0	10,000	0	10,000	10,000	50%	\$5,000		

Bille	ed Entis, A	pplicant #: 13	1976				Applic s F	Form Identifi	er: DM I	PS4710101				
Con	tact Person	Greg Dav	vis	····			Phone Numb	er: 515-2	42-7773					
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)				Page	e 22 of 319					
Instr num	uctions: Use ber the comp	e one Block 5 pag oleted pages to as	ge for EA sure that	CH serv they are	rice (Funding all processed	Request Numb	per) for which y	you are reques	ting discounts. M	ake as many copie	es of this page	as necessary, and		
FR!	N #					(to be	assigned by	v administr	ator)					
11		of Service (only ommunications Se		- •				15 C	Contract Number (if T" if tariffed service nonth-to-month servicescribed in instruction	, "MTM" if ces as	RFP #	00-48A		
12	Form 470	Application Nu	mber:		704	340000296620	<u></u>	16 I	Billing Account Nue.g. billed telephor	umber: ne number)	N	/A		
								1 - 1						
13		rvice Provider tion Number:				143005447		18 Contract Award Date (mm/dd/yyyy) 01/12/2001						
									Service State Date (mm/dd/yyyy) 07/01/2001					
14	Carries De						<u>-</u>							
	<u> </u>	ovider Name	··			mputer Resou	contract Expiration Date 06/30/2002 (mm/dd/yyyy) the service, including breakdown of components and costs, plus any							
21	Descriptio	n of this Service:							f components and co I note number in spa		Attachment #	USFATCH0101		
22	Entity/Ent Service:	ities Receiving thi	is	Nι	imber of the en	tity from Block	4 receiving this s	service.	by others), list the En					
·				b. If (e.	the service is sh g. A-1)	ared by all entit	ies on a Block 4	worksheet, list	the worksheet numb	ег:				
23	Calculatio	ns										ı		
		Recu	rring C	harges			Non	-Recurring (Charges		Total Charge	S		
	A	В		C	D	E	F	G	Н	I	J	К		
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	pre-di ame	monthly scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	mount pre-discount \$ year pre-discount (from Block 4 Commitment \$ is amount for one- \$ amount worksheet) Request					
	0	0	_	0	0	0	10,000	0	10,000	10,000	80%	\$8,000		

Billed Ent., Applicant #: 131976	Apply .'s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 23 of 319
Instructions: Use one Block 5 page for EACH service (Funding Request Nur number the completed pages to assure that they are all processed correctly.	mber) for which you are requesting discounts. Make as many copies of this page as necessary, and
TOWNS II	

FRI	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE category of Services) O Telecommunications Services	,	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A			Attachment # USFATCH0101
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		red by others), list the Entity 58990	
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non	n-Recurring C	harges		Total Charge:	3
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	\$6,000

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Bille	d Entity A	pplicant #: 13	1976				Applıcını's F	orm Identif	ier: DMI	PS4710101				
Cont	act Person	Greg Dav	vis				Phone Numb	er: 515-2	42-7773					
BLO	CK 5: Di	scount Fundin	g Reque	est(s)		····		Pag	e 24 of 319					
Instru	ctions: Use	one Block 5 pag	ge for EA	CH serv	ice (Funding	Request Numb	per) for which y	ou are reque	sting discounts. Ma	ake as many	copie	s of this page a	is necessary, and	
		oleted pages to as	sure that	they are	all processed	correctly.								
FRN	·						assigned by		····					
11	Category	of Service (only (ONE cate	gory sho	ould be checke	ed)			Contract Number (if 'T' if tariffed service.		e	EN FORM		
	O Teleco	mmunications Se	rvices	O Interr	net Access	• Internal Co	onnections	1	nonth-to-month services lescribed in instruction	ces as		KFP#	00-48A	
12	Form 470	Application Nu	mber:						Billing Account Nu			N	/A	
i					7043	340000296620	1		e.g. billed telephor Allowable Vendor So					
									Contract Date: (mm		ŀ	12/12	2/2000	
13		rvice Provider					18 Contract Award Date						,,	
	Identificat	ion Number:			1	143005447		(mm/dd/yyyy) 01/12/2001						
							19a Service State Date (mm/dd/yyyy) 19b Service End Date (mm/dd/yyyy)						07/01/2001 N/A	
14	Service Pr	ovider Name			Pomerov Co	mputer Resou	rces. Inc.	20 Contract Expiration Date 06/30/2002						
21	D 1-41								(mni/dd/yyyy)					
21	Descriptio	n of this Service:							f components and co d note number in spa		elow.	Attachment #	USFATCH0101	
22		ities Receiving thi	is						by others), list the En	tity 598	842	<u>_</u>		
	Service:			b. If t	mber of the ent	ity from Block	4 receiving this s	ervice.	the worksheet number	ar.		· · · ·		
					ile service is sir j. A-1)	area uy an enn	ics on a Diock 4	worksneet, iisi	the worksheet humo-	S1.				
23	Calculatio	ns.										•		
		Recu	rring Cl	narges			Non	-Recurring	Charges			Total Charge	s	
	A	В	(D	E	F	G	Н	I		J	К	
(total	ily \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible pre-dis amo (A mir	scount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total progra year pre-disc \$ amount (E & H)	ount t	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0	()	0	0	10,000	0	10,000	10,000		50%	\$5,000	

Bille	d Entity A	oplicant #: 13	1976				Applicant's I	Form Ident	ifier: D	MPS4710	101	·•	
Cont	act Person	Greg Dav	vis				Phone Numb	er: 515	-242-7773	····			
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)			······································	P	age 25 of 31)			
Instra numl	er the comp	one Block 5 pag leted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numl correctly.	ber) for which	you are requ	esting discounts.	Make as n	any copie	s of this page a	is necessary, and
FRI	N#			-		(to be	assigned by	y adminis	strator)				
11		of Service (only (• ,	ould be checken	ed) • Internal Co	onnections	15	Contract Numbe "T" if tariffed serv month-to-month s described in instru	ice, "MTM' ervices as		RFP#	00-48A
12	Form 470	Application Nu	mber;	,	7043	340000296620)	16	Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) Contract Award Date (mm/dd/yyyy) 01/12/2001				/A
	l an							17	Contract Date: (mm/dd/yyyy)	12/12	/2000
13	1	vice Provider ion Number:			1	143005447	(mm/dd/yyyy) 01/12/2001						
]							19a Service State Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) N/A					
14	Service Pr	ovider Name			Pomeroy Co	mputer Resou	urces, Inc.	20	Contract Expirat		77)		/A /2002
21	Description	n of this Service:							of components and and note number in			Attachment #	USFATCH0101
22	Entity/Ent Service:	ities Receiving thi	s	Nu	mber of the ent	ity from Block	4 receiving this s	service.	ed by others), list the	· · · · · · · · · · · · · · · · · · ·	59002		
					ne service is sn g. A-1)	ared by all entil	ties on a Block 4	worksneet, i	ist the worksheet nu	mber:			
23	Calculatio												
			rring C	harges				ı-Recurrin				Total Charge	
	A	В	(C	D	E	F	G	Н		I	J	K
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	amo (A mi	scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amou in (F) is ineligible	nt pre-discount s amount for one time charges (F minus G)	year pro \$ a (E	program e-discount mount & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	(0	0	0	10,000	0	10,000	10	,000	80%	\$8,000

Bille	d Ent.	pplicant #: 13	1976				Applic . s I	orm Identifi	er: DMI	PS4710101				
Cont	act Person	Greg Da	vis				Phone Numb	er: 515-2	42-7773					
BLC	OCK 5: Di	scount Fundin	g Reque	est(s)				Page	e 26 of 319					
Instru numb	octions: Use oer the comp	e one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	rice (Funding all processed	Request Numb correctly.	er) for which y	ou are reques	ting discounts. Ma	ake as many copic	es of this page a	as necessary, and		
FRN	l #			····		(to be	assigned by	administr	ator)	· · · · · · ·				
11		of Service (only (ould be checken			15 C	Contract Number (if T" if tariffed service, nonth-to-month servi escribed in instruction	, "MTM" if ces as	RFP#	00-48A		
12	Form 470	Application Nu	ımber:		7043	340000296620)	16 E	Billing Account Nu e.g. billed telephor	ımber: ne number)	N	/A		
								17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12/2000						
13		rvice Provider ion Number:				143005447		1 -0	Contract Award Dat mm/dd/yyyy)	ntract Award Date n/dd/yyyy) 01/12/2001				
								19a Service State Date (mm/dd/yyyy) 07/01/2001						
1.4	Camila D								Service End Date (mm/dd/yyyy) N/A Contract Expiration Date 06/30/2002					
14		ovider Name				mputer Resou			mm/dd/yyyy)		06/30	0/2002		
21	Descriptio	n of this Service:							f components and conditions of the following from t		Attachment #	USFATCH0101		
22	Entity/Ent Service:	ities Receiving thi	is	Nι	imber of the ent	tity from Block	4 receiving this s	service.	by others), list the En	·				
					the service is sh g. A-1)	ared by all entit	ies on a Block 4	worksheet, list	the worksheet number	er:				
23	Calculatio	ns			,									
		Recu	rring Cl	arges			Non	-Recurring (Charges		Total Charge	s		
	A	В	C	7	D	E	F	G	H	I	J	K		
(total	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible pre-dis amo (A min	scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
	0	0	()	0	0	10,000	0	10,000	10,000	40%	\$4,000		

						•							
Bille	d Ent	pplicant #: 13	1976			Applic s I	orm Identifi	er: DMI	PS4710101				
Cont	act Person:	Greg Dav	vis			Phone Numb	er: 515-2	42-7773	-1.2-7				
BLO	CK 5: Di	scount Funding	g Request	(s)			Pag	e 27 of 319					
Instru	ections: Use er the comp	e one Block 5 pag bleted pages to as	ge for EACI sure that the	I service (Funding y are all processed	Request Numb	per) for which	you are reques	sting discounts. Ma	ake as many copie	es of this page	is necessary, and		
FRN	I #				(to be	assigned by	y administr	ator)					
11		of Service (only (mmunications Se	_	ry should be check Internet Access			15 C	Contract Number (if T" if tariffed service nonth-to-month servi lescribed in instruction	, "MTM" if ces as	RFP #	00-48A		
12	Form 470	Application Nu	mber:	704	340000296620)	16 I	Billing Account Nu e.g. billed telephor	umber: ne number)	N	/A		
							17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12/2000						
13	ì	rvice Provider ion Number:			143005447			Contract Award Dat mm/dd/yyyy)	01/12/2001				
									State Date (mm/dd/yyyy) 07/01/2001				
1.4	Camila Da	. 1 1						19b Service End Date (mm/dd/yyyy) N/A 20 Contract Expiration Date 06/30/2002					
14		ovider Name			mputer Resou	csources, Inc. 20 Contract Expiration Date 06/30/200 (mm/dd/yyyy) the service, including breakdown of components and costs, plus any							
21	Descriptio	n of this Service:						f components and cor d note number in space		Attachment #	USFATCH0101		
22	Entity/Ent Service:	ities Receiving thi		Number of the er	tity from Block	4 receiving this s	service.	by others), list the En					
			ь	If the service is s (e.g. A-1)	hared by all entit	ies on a Block 4	worksheet, list	the worksheet numb	er:				
23	Calculatio	ns											
		Recu	rring Cha	ges		Nor	-Recurring (Charges		Total Charge	s		
	A	В	C	D	E	F	G	H	I	J	К		
(total	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible morpre-discorramount (A minus	nt service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	mount pre-discount \$ year pre-discount (from Block 4 worksheet)			Commitment \$ Request (1 x J)		
	V	ı v	0	0	0	10,000	0	10,000	10,000	80%	\$8,000		

Rill	ad Ent.	nuliaant#: 121	07/						TO B. A. T.	0.4510101				
		pplicant #: 131	_			Applicant's I				PS4710101				
	tact Person				_	Phone Numb	er: 5	15-24	1 2-7773					
BL	OCK 5: Di	scount Funding	Request	t(s)				Page	e 28 of 319					
Instr num	uctions: Use ber the comp	e one Block 5 page pleted pages to ass	e for EAC	H service (Fundin ey are all processe	g Request Num d correctly.	ber) for which	you are r	equest	ting discounts. Ma	ike as many o	copies	of this page a	s necessary, and	
FR	N #			-4 p40-	(to be	assigned by	v admi	nistr	rator)					
11		of Service (only Ommunications Ser	_	-		Connections Connections Connections Connections Connections Connections Connections Connections Connections					:	RFP #00-48A		
12	Form 470	Application Nur	nber:	70	434000029662	0	16	B (e	escribed in instructio Billing Account Nu e.g. billed telephon	imber: e number)		N	/A	
						17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)					12/12/2000			
13	ľ	rvice Provider tion Number:			143005447	18 Contract Award Date (mm/dd/yyyy)					01/12			
									ervice State Date (n			07/01		
14	Service Dr	ovider Name				198			Service End Date (mm/dd/yyyy) Contract Expiration Date				/A	
				Pomeroy C	omputer Reso	urces, Inc.	Contract Expiration Date (mm/dd/yyyy)					06/30	/2002	
21	Descriptio	n of this Service:							components and cost note number in space		low.	Attachment #	USFATCH0101	
22	Entity/Ent Service:	lities Receiving this		Number of the	ntity from Block	4 receiving this	service.		oy others), list the En		62			
			b	e. If the service is (e.g. A-1)	shared by all enti	ties on a Block 4	workshee	et, list t	the worksheet number	er:				
23	Calculatio	ns												
		Recur	ring Cha	rges		Nor	1-Recuri	ring C	harges		7	Total Charge	3	
	A	В	C	D	E	F	G	•	Н	I		J	К	
(tota	hly \$ charges l amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible mo pre-disco amoun (A minus	unt service t provided in s B) program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How mu the \$ ar in (F ineligi	nount) is ble?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total progra year pre-disco \$ amount (E & H)	ount	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0	0	0	0	10,000	0		10,000	10,000	_[50%	\$5,000	

							•						
Bill	ed En, A	pplicant #: 13	1976				Applıc's I	orm Identifi	er: DM I	PS4710101			
Con	tact Person	: Greg Da	vis				Phone Numb	er: 515-2	42-7773				
BLO	OCK 5: Di	scount Fundin	g Requ	est(s)		L		Page	e 29 of 319				
Instr num	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	ge for EA	CH serv they are	rice (Funding all processed	Request Numb correctly.	per) for which	you are reques	ting discounts. M	ake as many copie	es of this page	as necessary, and	
FR	N #					(to be	assigned by	v administr	ator)				
11	:	of Service (only of Service)						15 C	Contract Number (if T" if tariffed service nonth-to-month servi escribed in instruction	, "MTM" if ces as	RFP #	00-48A	
12	Form 470	Application Nu	ımber:		704	340000296620)	16 E	Silling Account Nu e.g. billed telephor	ımber:	N	/A	
									llowable Vendor Soontract Date: (mm		12/12/2000		
13 SPIN – Service Provider Identification Number:						143005447		(1	Contract Award Dat mm/dd/yyyy)			2/2001	
									ervice State Date (r			/2001	
14	Service Pr	ovider Name		-	Pomeroy Co	mputer Resou	ırces, Inc.	20 (ervice End Date (m Contract Expiration mm/dd/yyyy)		N/A 06/30/2002		
21	Descriptio	n of this Service:						g breakdown o	f components and con I note number in spa		elow. Attachment # <u>USFATCH0101</u>		
22	Entity/Ent Service:	tities Receiving th	is	Nu	mber of the en	tity from Block	4 receiving this s	service.	by others), list the En				
					the service is sh g. A-1)	nared by all entit	ies on a Block 4	worksheet, list	the worksheet numb	er:			
23	Calculatio	ns	_										
		Recu	rring C	harges			Non	-Recurring (Charges	•	Total Charge	s	
	A	В	(C	D	E	F	G	Н	I	J	К	
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	pre-di ame (A mi	monthly iscount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
						\$9,000							

·												
Bille	d Emity A	pplicant #: 13	1976				Applicant's F	Form Identif	ier: DMI	PS4710101		
Cont	act Person	Greg Da	vis	- 1	····		Phone Numb	er: 515-2	42-7773			
BLC	CK 5: Di	scount Fundin	g Requ	est(s)				Pag	e 30 of 319			
Instru numb	er the comp	e one Block 5 pag oleted pages to as	ge for EA sure that	CH serv	vice (Funding all processed	Request Numb	per) for which y	you are reque	sting discounts. Ma	ake as many copie	es of this page	as necessary, and
FRN	1 #					(to be	assigned by	y administ	rator)			
11	1	of Service (only only only only of the contractions of the contraction of						15	Contract Number (if 'T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48A
12	Form 470	Application Nu	mber:		704	340000296620	· · · · · · · · · · · · · · · · · · ·	16	Billing Account No e.g. billed telephor	umber: ne number)	N	/A
									Allowable Vendor Se Contract Date: (mm		12/12	2/2000
13		rvice Provider tion Number:				143005447			Contract Award Dat (mm/dd/yyyy)	te		2/2001
									Service State Date (r			/2001
14	Service Pr	ovider Name			Pomeroy Co	mputer Resou	ırces, Inc.	20	Service End Date (m Contract Expiration			/A D/2002
21	Descriptio	n of this Service:						g breakdown c	(mm/dd/yyyy) If components and conditional conditions are conditional conditions.		Attachment	# USFATCH0101
22	Entity/Ent Service:	ities Receiving thi	is	Nu	imber of the ent	tity from Block	4 receiving this s	service.	by others), list the En			
					the service is sh	ared by all entit	ies on a Block 4	worksheet, list	the worksheet number	er:		
23	Calculatio	ns	_									
		Recu	rring C	harges			Non	-Recurring	Charges		Total Charge	s
	A	В	•		D	E	F	G	Н	I	J	K
(total	aly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	amo (A mi	monthly # of months service provided in program year charges (C x D)		Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	nt pre-discount \$ year pre-discount amount for one- \$ amount		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (! x J)	
	0	0	•	0	0	0	10,000	0	10,000	10,000	80%	\$8,000

Billed En. Applicant #: 131976	Apple A's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 31 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRI	V #	(to be assigned by	y admini	istrator)	·
11	Category of Service (only ONE category of Services O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
1			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.		n of components and costs, plus any	Attachment # <u>USFATCH0101</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s		red by others), list the Entity 58984	
22	Colorlei	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	ı-Recurring C	harges	Total Charges			
A	В	С	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	10,000	0	10,000	10,000	80%	\$8,000	

	·						* .							
Billed	d En.	oplicant #: 13	1976				Appl's F	orm Identi	fier: DMI	PS4710101				
Conta	act Person	Greg Da	vis				Phone Numb	er: 515-	242-7773					
BLO	CK 5: Di	scount Fundin	g Reque	st(s)				Pa	ge 32 of 319					
Instru	ctions: Use	one Block 5 pag	e for EA	CH serv	ice (Funding	Request Numb	er) for which y	ou are requ	esting discounts. Ma	ake as many	copies	s of this page a	s necessary, and	
		leted pages to as	sure that	they are	all processed	correctly.								
FRN	#					(to be	assigned by	adminis	trator)					
11	Category	of Service (only (ONE cate	gory sho	ould be check		<u>s</u>	15 Contract Number (if available; use						
									"T" if tariffed service			RFP#	00-48A	
į	O Teleco	mmunications Se	rvices	O Interi	net Access	• Internal Co	nnections		month-to-month servi described in instruction					
12	Form 470	Application Nu	mber:					16	Billing Account Nu	ımber:	1	N.	'A	
					7043	340000296620			(e.g. billed telephor					
								17	Allowable Vendor Se					
13	SDIN So	vice Provider						10	Contract Date: (mm			12/12/2000		
ادا		ion Number:	}			143005447		18	(mm/dd/yyyy)	ie	01/12	/2001		
					•	145005447		19a	Service State Date (r	nm/dd/yyyy)	+	07/01		
									Service End Date (m			N.		
14	Service Pr	ovider Name			Pomeroy Co	mputer Resou	rces, Inc.	20	Contract Expiration (mm/dd/yyyy)	Date		06/30	/2002	
21	Descriptio	n of this Service:		You Mi	IST attach a de	scription of the	service, including breakdown of components and costs, plus any					1		
	<u>-</u>								and note number in spa		elow.	Attachment #	USFATCH0101	
22		ities Receiving thi	s						d by others), list the En	itity 59	877			
	Service:						4 receiving this s		st the worksheet numb					
					g. A-1)	ared by an entit	ies on a Block 4	WOIKSHEEL, II	St the worksheet humb	C1.				
23	Calculatio	ns												
		Recu	rring Ch	ıarges	 ,		Non	-Recurring	Charges	,		Total Charge	3	
	A	В	C	;	D	E	F	G	Н	I		J	K	
Monthly \$ charges How much of the Eligible monthly # of months Annual							Annual non-		How much of Annual eligible		ram	% discount	Funding	
(total amount for samount in (A) pre-discount service discount service is ineligible? amount provided in eligib							recurring (one	the \$ amour in (F) is	unt pre-discount \$ year pre-disco			(from Block 4 worksheet)	Commitment \$	
St		is menging?	arno (A mir		provided in program year	eligible recurring	time) \$ charges	ineligible?	time charges	(E & H		mulkalicet)	Request (I x J)	
						charges (C x D)	'		(F minus G)				(* ~ ~)	
	Ô	0	0	•	0	0	10,000	0	10,000	10,000	'	80%	\$8,000	
			<u> </u>					l		I				

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Bille	d L. J A	oplicant #: 13	1976		,		Ap,it's F	orm Identi	fier: DM1	PS47101	01	····			
Cont	act Person:	Greg Dav	vis		——————————————————————————————————————		Phone Numb	er: 515-	242-7773						
BLO	CK 5: Di	scount Fundin	g Reque	st(s)				Pa	ge 33 of 319						
Instru	ctions: Use	one Block 5 pag	ge for EA	CH serv	ice (Funding	Request Numb	per) for which y	ou are requ	esting discounts. M	ake as ma	ny copie	s of this page a	s necessary, and		
		leted pages to as	sure that	they are	all processed										
FRN # (to be assigned by administrator) 11 Category of Service (only ONE category should be checked) 15 Contract Number (if available; use															
11	Category	of Service (only (ONE cate	gory sho	ould be check	ed)	15 Contract Number (if available; use "T" if tariffed service, "MTM" if								
	O Telecon	mmunications Se	rvices	O Intern	net Access	• Internal Co	onnections		month-to-month servi described in instruction	ices as	1	KFP#	00-48A		
12	Form 470	Application Nu	mber:					16	Billing Account No			N	/A		
					7043	340000296620			(e.g. billed telephor)				
								17	Allowable Vendor Se Contract Date: (mm			12/12/2000			
13	SPIN - Sei	vice Provider						18					12/12/2000		
	Identificat	ion Number:				143005447			(mm/dd/yyyy)			01/12	/2001		
								19a	Service State Date (r			07/01			
14	Service Pr	ovider Name			D	A D		19b 20	Service End Date (m Contract Expiration		')	N.			
17		DVIGET IVAINE			romeroy Co	mputer Resou	irces, inc.	(mm/dd/yyyy)					/2002		
21	Description	n of this Service:							of components and cound note number in spa			Attachment #	USFATCH0101		
22		ities Receiving thi	is						by others), list the Ent	ity	58973				
	Service:						4 receiving this s		he worksheet number:		.				
					service is silare g. A-1)	u by an enincs	OII & DIOCK 7 WO		ne worksheet number.						
23	Calculation	ns								_					
		Recu	rring Cl	arges			Non	-Recurring	Charges			Total Charges	3		
<u> </u>	A	В	C	;	a	E	F	G	Н	I		J	К		
(total	Monthly \$ charges (total amount for service) How much of the \$ amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B)					Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amour in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total pr year pre-∢ \$ anx (E &	discount ount : H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
	0	0	C)	0	0	10,000	0	10,000	10,0	000	80%	\$8,000		

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Bill	ed Entry A	pplicant #: 13	1976				Applıcant's I	Form Ident	ifier: DM	PS4710101				
Con	tact Person	: Greg Da	vis				Phone Number: 515-242-7773							
BLO	OCK 5: Di	scount Fundin	g Reque	est(s)				Pa	age 34 of 319					
Instr num	uctions: Us ber the comp	e one Block 5 pag pleted pages to as	ge for EA	CH serv	rice (Funding all processed	Request Num correctly.	ber) for which	you are requ	uesting discounts. M	ake as many copi	es of this page	as necessary, and		
FR	N #					(to be	e assigned by	y adminis	strator)					
11		of Service (only of Service)				ed) • Internal C		15	Contract Number (i "T" if tariffed service month-to-month serv described in instructi	e, "MTM" if ices as	RFP #00-48A			
12	Form 470	Application Nu	ımber:		704	34000029662	0	16 Billing Account Number: (e.g. billed telephone number)			N/A			
								17	Allowable Vendor S Contract Date: (mn	n/dd/yyyy)	12/12/2000			
13		rvice Provider tion Number:	•			143005447		18	Contract Award Da (mm/dd/yyyy)			2/2001		
								19a 19b	Service State Date (Service End Date (n			1/2001 //A		
14	Service Pr	ovider Name			Pomeroy Co	mputer Reso	urces, Inc.	20	Contract Expiration (mm/dd/yyyy)		06/30/2002			
21	Descriptio	n of this Service:							of components and co and note number in spa		Attachment	# USFATCH0101		
22	Entity/End Service:	tities Receiving th	is	Nu	ımber of the en	tity from Block	4 receiving this	service	ed by others), list the Ed					
	6-1-1-		·		g. A-1)			WOIKSHEEL, I						
23	Calculatio													
		Recu	rring Cl	harges			Nor	ı-Recurrin _i	g Charges		Total Charge			
	A	В	(D	E	F	G	H	I	J	K		
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	amo (A mi	scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amoun in (F) is ineligible?	nt pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
	0	1 0	1 ()	1 0	O	10.000	0	10.000	10,000	60%	\$6.000		